

Rhode Island Department of Health

Health Policy Briefs

Physical Access to Primary Care for Patients with Disabilities: A Needs Review

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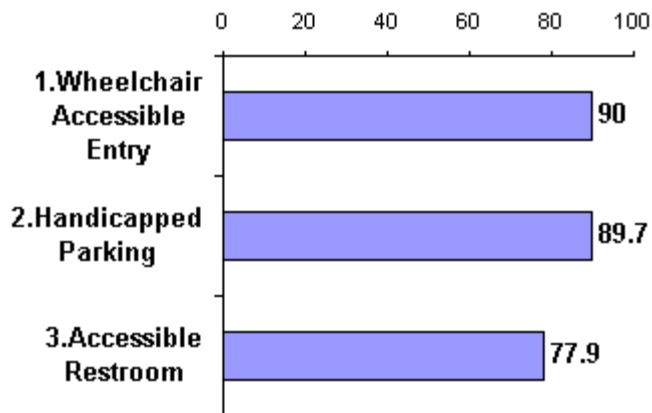
Disability has become an important public health issue. The 1996 results of the Rhode Island Health Interview Survey revealed that nearly 16% of the general population have an activity limitation. Nationally, Rhode Island has the fourth highest percentage of elderly. Both factors are associated with disability. With funding from the Centers for Disease Control and Prevention (CDC), a Disabilities Prevention Program (now the Disability and Health Program), was created to work toward primary and secondary prevention. For the person with a disability it is critical to have a source of primary care for good overall health, and to prevent secondary conditions. In 1995 the Disabilities Prevention Program began an initiative to increase access to primary care for persons with disabilities. First, we surveyed the physical/architectural status of provider sites to help define the resources needed to develop more accessible patient care. A simply formatted one page survey was mailed to a random sample of one third of all primary care providers (physicians, nurse practitioners, and physician assistants; N = 461), in the areas of Emergency Medicine, Family Practice, General Practice, Internal Medicine, Obstetrics/Gynecology, and Pediatrics. Confidential code numbers were assigned to each recipient. A postage paid envelope was enclosed with the survey, to encourage response. A second mailing was conducted 5 weeks later, to those who had not yet responded. Again, a postage paid envelope was enclosed. Eligible respondents (those in active practice) totaled 377, for a response rate of 82%

High Level of Accessibility: Mobility Accommodations

The Americans with Disabilities Act -- and resulting changes in building codes -- have clearly affected structural accommodations for patients who use wheelchairs or have mobility limitations. As indicated in Table 1, provider accessibility was very high for items 1 - 3. However, patients who are blind, visually impaired, deaf, or hard-of-hearing, still face sensory barriers to receiving primary care, as indicated in Table 2.

TABLE 1

Percent of Provider Accessibility

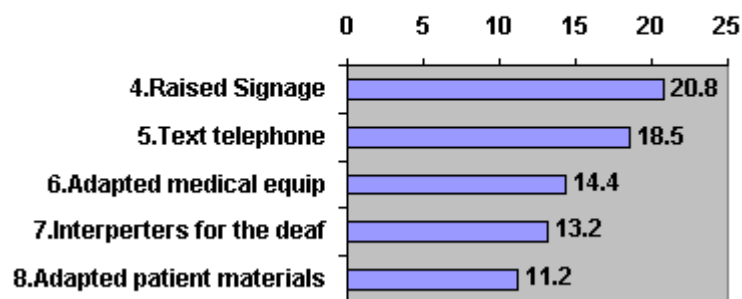


Low Level of Accessibility

- Raised Signage
- Text Telephone
- Adapted Medical Equipment
- Interpreters for the Deaf
- Adapted Patient Material

TABLE 2

Percent of Provider Accessibility



Implications

Persons having no or low vision could have difficulty locating a provider's office or using a building elevator without raised signage. Patients who are hard of hearing or deaf would be unable to communicate directly with providers via text telephone to receive important, confidential information. Deaf patients whose primary language is sign may not be able to receive accurate information from the provider without a professional interpreter. (Use of family or friends as interpreters is unacceptable due to confidentiality issues and the necessity of

accurate communication.) Patient education materials could be ineffective if not presented in a format usable by the patient, such as Braille, large print, audiotape or captioned videotape. Patient preference is the best guide.

Three of these areas of sensory accommodation -- text telephone, interpreters, and adapted patient materials -- are more directly under the control of the primary care provider, while raised building signage may not be.

Conclusion

Primary care providers are generally well prepared to treat patients with mobility impairments. However, the absence of sensory accommodations at many primary care practices indicates the need for specialized information and resources. The Disability and Health Program has begun to address this need through distribution of resource materials to primary care providers, and training programs.

For Additional Information on this Topic:

RI Department of Health, Disability and Health Program:

Jeanne Panarace 1-800-745-6575(Relay)*, then ask for 222-5982
Dave Hamel 222-4632

Community Resources:

Technical Assistance on the ADA:

- Governor's Commission on Disability Signage
222-3731 (voice), 222-2833 (TTY)

Information and Services for Governor's Commission on the Deaf Persons who are Deaf or Hard and Hard of Hearing of Hearing, Captioned Videotapes

- 222-1204 (Voice)
- 222-1205 (TTY)

Sign Language Interpreters

- Interpreter Referral Service 1-800-525-0770
- **MEDICAL EMERGENCY:** 1-800-504-6837

Assistive Technology, Equipment, Braille, Alternative Formatting

- TechACCESS of RI 463-0202 or 1-800-916-TECH (8324) (Voice and TTY)

Telephone Relay Service for Persons with Communication Impairments*

- 1-800-745-6575 (Voice) 1-800-745-5555 (TTY)

Audiotaping

- INSIGHT 941-3322

For more information about public health in Rhode Island, consult the Rhode Island

Department of Health Website: www.health.ri.gov

* Relay allows the voice telephone user to go through a third party operator, who types to the text telephone user.